

in Full

Thomas Brown

Town Faulkner County Charles

MARYLAND

at
1898
Male
Female
Month Sept
Day 8
Age 5-8
Y.
M.
D.
Native of Ind
Occupation
White
Colored
Married
Single
Widow
Widower
Divorced
Number of children living

and of

r's

Thomas Brown

Mother's Name Sarah Adams

e of

Primary
Immediate

How long sick

th

Longitudinal of Lungs

Accident, Suicide, Homicide

orted by

C. H. Posey M. D.

95

ess

Faulkner, Ind

to be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name In Full

Certificate of Death

Eliza Coats Croft

Died at ^{Town} *Port Tobacco* ^{County} *Charles*

MARYLAND

Date 19 *02* ^{Month} *9* ^{Day} *3* ^{Y.} *80* ^{M.} *Ches Co* ^{D.} *Housewife* ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~

Female Colored Single Number of children living *2*

Husband of *John Croft*

Father's Name *Henry Coats* ^{Mother's} *Do not know* ^{Maiden Name}

Cause of Death { ^{Primary} *Pneumonia* ^{How long sick} *One week*

^{Immediate} *Heart failure* ^{Accident, Suicide, Homicide}

Reported by *Inv. T. Diggins MD* *93*

Address *Port Tobacco Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rept. by
Wm. T. Brown
Sick R.

Name in Full

Charles Raymon Dodson

Certificate of Death

Town County

Died at Near Port Tobacco Charles MARYLAND

Month Day Y. M. D. Native of Occupation

Date 19 02 9 23 Age 5 11 Baltimore, Md

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of _____

Wife _____

Father's Name Henry Dodson Mother's Maiden Name May Short

Cause of Death { Primary Whooping Cough How long sick About a month

Death { Immediate Convulsions 8 Accident, Suicide, Homicide

Reported by Jno T Duggs, MD

Address Port Tobacco - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Report by W. F. Brown

Joseph Johnson Jr

Town

County

Died at

Rock Point

Charles

Lee

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Sep

24

Age 12

Charles

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Sally Johnson

Mother's

Maiden Name

Emma Johnson

Cause of

Primary

How long sick

Death

Immediate

Drowned

172

Accident, Suicide, Homicide

Reported by

Glen A. Wise

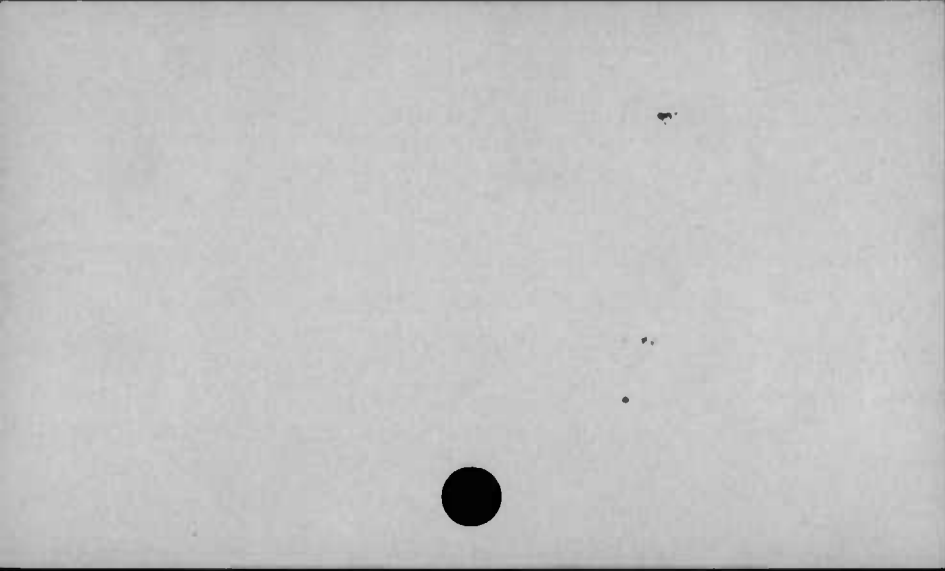
Jama Foster

Address

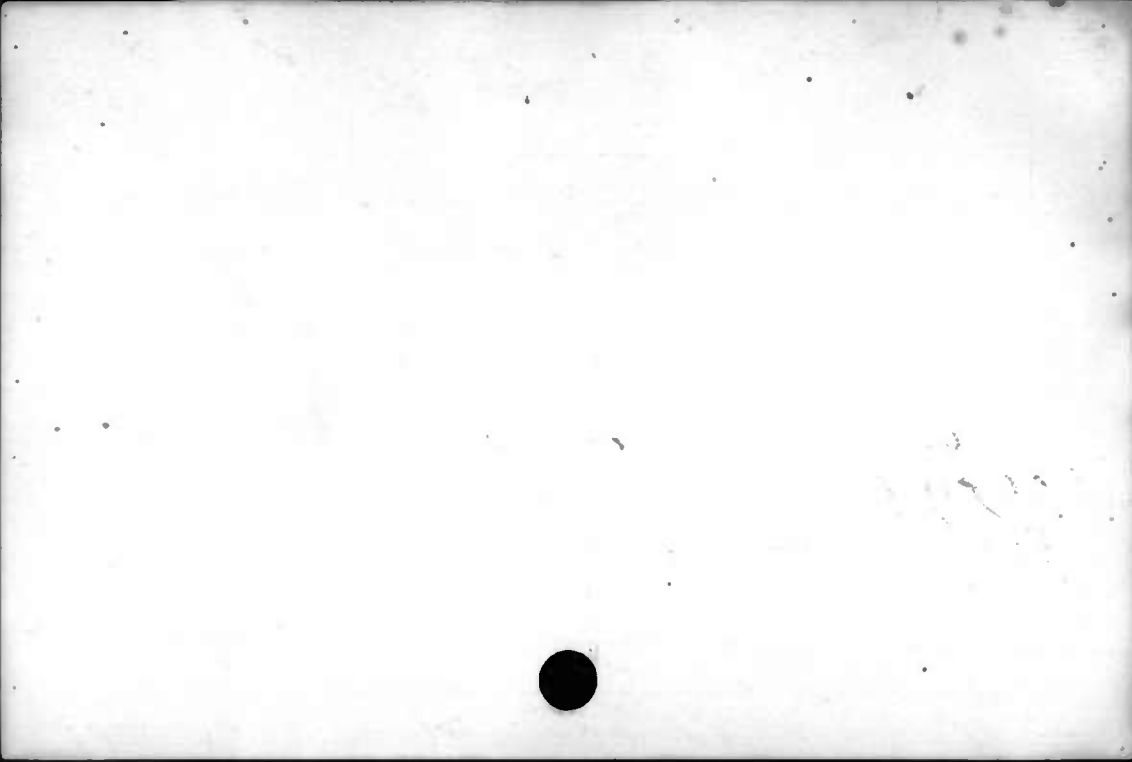
Rock Point

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| | | | | | | | | |
|-----------------------------------|--|--|------------------|---------------|-------------------------|----------------------|------------------|------|
| Name in Full | | Rachel Johnson | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town | County | MARYLAND | | |
| | | Mason Springs | | Charles | | | | |
| | | Date of death 1902 | Month | Day | Age | Years | Months | Days |
| | | Sept | | 13 | | | 2 | 2 |
| | | Sex | Female | Color or Race | White | Birth-place | Mason Springs Md | |
| | | Married, Single or Widowed | | | | Occupation | None | |
| | | Name of Wife or Husband | | | | | | |
| Father's Name | | Cornelius Johnson | | | Father's Birthplace | | Maryland | |
| Mother's Maiden Name | | Lizzie Simmons | | | Mother's Birthplace | | Maryland | |
| Name of person giving information | | Cornelius Johnson | | | How related to deceased | | Daughter | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | | How long | | | |
| | | Marasmus | | | Life time | | | |
| | | Immediate | | | How long | | | |
| | | Aschemia & Cardiac Emphysema | | | Life time | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | | Signature of Physician | | | |
| Yes | | | Address | | | | | |
| | | | Mason Springs Md | | | | | |
| Accident or Suicide? | | | | | | | | |



Name In Full

Certificate of Death

Lucretia Marshall

Town

County

MARYLAND

Died at

Hosmer

Leharles

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 22

Sep

7

Age

70

Charles Lee

~~Male~~

White

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

7

Husband

of

Wife

James W. Marshall

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dysentery

14

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

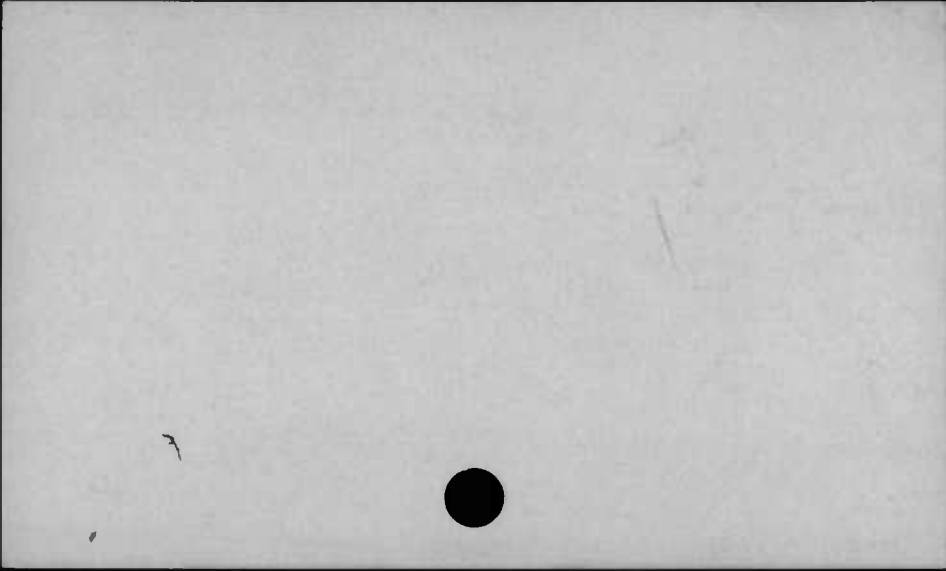
Address

Cooksey

A J Linnott

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Nathaniel Markditch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|------------------------------|------------------------|---|----------|------|
| Died at <i>Newburg</i> Town | | <i>Celestus</i> County | | MARYLAND | |
| Date of death 1902 | <i>Sept</i> Month | <i>21</i> Day | Age <i>16</i> Years | Months | Days |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>Edgar St. Marys</i> | | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>—</i> | | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Calvert Markditch</i> | | | Father's Birthplace <i>St. Marys Md</i> | | |
| Mother's Maiden Name <i>Melinda Wheeler</i> | | | Mother's Birthplace <i>" " "</i> | | |
| Name of person giving information <i>Calvert Markditch</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>2 yrs</i> |
| Immediate <i>Aspiration</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>C. F. Curren</i> |
| | Address <i>Newport</i> |
| Accident or Suicide? <i>—</i> | <i>Md</i> |



Name
in
Full

Allogregus Mathews Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------|----------------------------------|--|--|-----------------|
| Died at <i>Hill Top</i> ^{Town} | | <i>Charles</i> ^{County} | | MARYLAND | |
| Date of death 1902 | Month <i>9</i> | Day <i>27</i> | Age <i>6</i> | Years <i>6</i> | Months <i>6</i> |
| Sex <i>male</i> | | Color or Race <i>negro</i> | | Birth-place <i>Chas 6th m^d</i> | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>none</i> | | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Allogregus Mathews</i> | | | Father's Birthplace <i>Chas 6th m^d</i> | | |
| Mother's Maiden Name <i>Celia Chesley</i> | | | Mother's Birthplace <i>" " "</i> | | |
| Name of person giving information <i>Lizzy Monroe</i> | | | How related to deceased <i>Cousin</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Cramp Colic</i> | How long <i>1 1/2 weeks</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Lizzy X Monroe</i> |
| <i>Yes</i> | Address <i>mark Hill Top</i> |
| Accident or Suicide? | |

Reported by W. H. Browne

Name in Full

Certificate of Death

Died at

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Child of Andrew Mills
 near Grayton
 County Charles

Month Sept Day 25 Age 5- Native of MD
 Male White Married Widower
 Female Colored Single Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Child of Andrew Mills
 near Grayton
 County Charles

Month Sept Day 25 Age 5- Native of MD
 Male White Married Widower
 Female Colored Single Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| Name in Full | | Phineas Thomas | | | | CERTIFICATE OF DEATH | |
|---|--|----------------|------------------------|-------------------------|------------------------|----------------------|--------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Waldorf | | County | | Chesapeake |
| | Date of death 1902 | | Sep | | Age | | 24 |
| | Sex | | Male | | Color or Race | | White |
| | Married, Single or Widowed | | Single | | Occupation | | None |
| | Name of Wife or Husband | | | | | | |
| | Father's Name | | James Thomas | | Father's Birthplace | | Maryland |
| | Mother's Maiden Name | | M. A. Aclon | | Mother's Birthplace | | " |
| Name of person giving information | | Compton Aclon | | How related to deceased | | Uncle | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Appendicitis | | How long | | Two days |
| | Immediate | | Intestinal Peritonitis | | How long | | Four days |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | E. O. Thomas |
| | | | | | Address | | Waldorf Md. |
| Accidental Suicide: <input checked="" type="checkbox"/> | | | | | | | |



Name
in
Full

Rossey Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

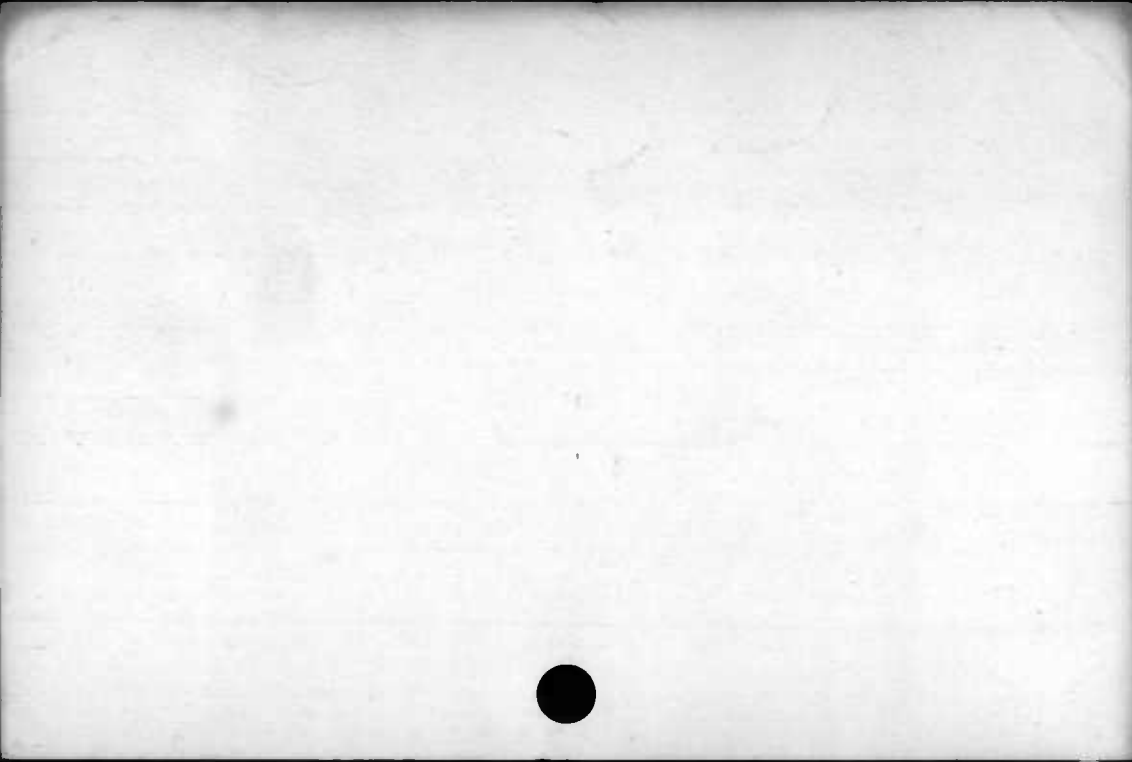
| | | | | | |
|--|-------------------------------|--------------------------------------|---------------------------------------|--------------------------------|-----------------------------|
| Died at <i>Chickemuxon</i> <small>Town</small> | | <i>Charles</i> <small>County</small> | | MARYLAND | |
| Date of death 190 | <i>2</i> <small>Month</small> | <i>Sept</i> <small>Day</small> | <i>1</i> <small>Year</small> | <i>2</i> <small>Months</small> | <i></i> <small>Days</small> |
| Sex <i>female</i> | Color or Race <i>B</i> | | Birth-place <i>Charles ed</i> | | |
| Married, Single or Widowed | | | Occupation | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>John Neal</i> | | | Father's Birthplace <i>Charles ed</i> | | |
| Mother's Maiden Name <i>Lucie Melstead</i> | | | Mother's Birthplace <i>' ' '</i> | | |
| Name of person giving information <i>John Neal</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

Crown Fever

PHYSICIAN
OR CORONER

| | | |
|---|--|--|
| Primary | | How long <i>one week</i> |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>179</i> |
| <i>John Neal</i> | | Address <i>Chickemuxon Charles ed md</i> |
| Accident or Suicide? | | |



Name
in
Full

Annie P. Pickerton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|--------------------------------------|---------------|--|-----------------|
| Died at <i>Ballantown</i> <small>Town</small> | | <i>Charles</i> <small>County</small> | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>9</i> | Day <i>2</i> | Age <i>23</i> | Years <i>23</i> | Months <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Ind</i> | | | |
| Married, Single or Widowed <i>married</i> | | Occupation <i>house wife</i> | | | |
| Name of Wife or Husband <i>John Pickerton</i> | | | | | |
| Father's Name <i>Pat Carroll</i> | | | | Father's Birthplace <i>—</i> | |
| Mother's Maiden Name <i>Mary Carroll</i> | | | | Mother's Birthplace <i>—</i> | |
| Name of person giving information <i>John Pickerton</i> | | | | How related to deceased <i>Husband</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Bright's (acute)</i> | How long <i>2 mo</i> |
| Immediate <i>Heart failure</i> | How long <i>2 da</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>H. L. Chappell M.D.</i> |
| | Address <i>Keyhaven Ind</i> |
| Accident or Suicide? | <i>?</i> |



Name In Full

Certificate of Death

Francis E Robinson
 Town County Charles

Died at near Hill Top MARYLAND

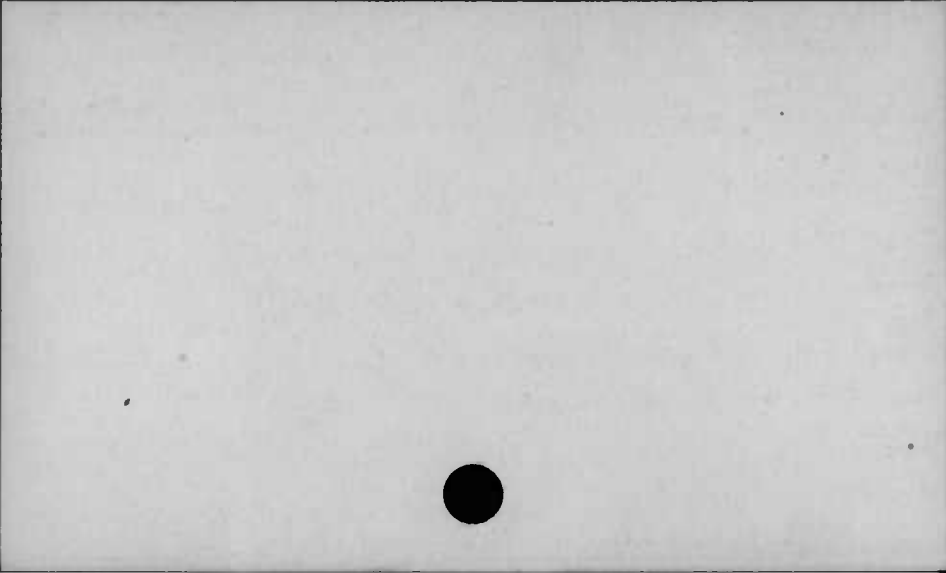
Date 1902 Sep 23 Age 44 - - Native of Ind. Occupation Wife
 Male White Married Widowed Divorced
 Female Colored Single Widowed Number of children living 4

Husband of Maurice H Robinson
 Wife
 Father's Name A N Franklin Mother's Name Rebecca Welch

Cause of Death { Primary Inflammation of Stomach
 Immediate Heart Failure
 How long sick 10 d
 Accident, Suicide, Homicide

Reported by C. S. Carpenter Undertaker
 Address Pisgah Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Matilda L. Simpson
 Town *Newbury* County *Chatham* *Geo*
 Died at *MARYLAND*

Date 19*02* *September* *2* Age *87* M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *6*

Husband of *Thomas T Simpson*
 Wife
 Father's Name Mother's Name
 Maiden Name

Cause of Death { Primary *Old age* How long sick *154*
 Immediate *Debility* Accident, Suicide, Homicide

Reported by *A J Smead. RMD*
 Address *Cooper St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



J. L. L. Smoot

Town

County

Died at

Wayside

Charles

MARYLAND

Date 1902

Month

Day

Sep 1

Y.

M.

D.

Age

27. 4, 9

Native of

Maryland

Occupation

Lawyer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~
of~~Wife~~

Father's

Name

D. A. J. Smoot

Mother's

Maiden Name

Nannie Crane

Cause of

Primary

Typhoid Fever

Death

Immediate

Meningitis

How long sick

4 weeks

~~Accident, Suicide, Homicide~~

Reported by

E. J. Spencer

Address

Bel Air

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Evelin Carroll Clark

Died at *Nanperry* *Charles* MARYLAND
Town County

Date 189 *02* *Sept* *12* Age *52* *Va* Occupation
Month Day Y. M. D. Native of

☒ Male ☐ Female ☐ Married ☒ Widow ☐ Single ☐ Widower ☐ Number of children living *4*

James Stark
 of *James Stark*
 Wife *James Stark*
 Father's Name *James Abbe* Mother's Name *Okiea Tibbs*

Cause of ☒ Primary *died suddenly lived only* How long sick
 Death *Apoplexy or disease of* ☒ Accident ☐ Suicide ☐ Homicide

Reported by *Dr. J. H. Speake* *I saw the body after death*
 Address *S. H. Speake* *Mo.*



Name in Full

Certificate of Death

Catharine Ann Swann

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Sept- 10

Age

2

Charles

White

~~Mixed~~

Widow

Divorced

Female

~~Male~~

Single

Widower

Number of children living

4

Husband
of

Wife

Father's

Name

Mother's

Name

Samuel Swann

Olia Swann

Cause of

Primary

How long sick

7 days

Death

Immediate

Not-Known

151

Accident, Suicide, Homicide

Reported by

Henry Swann

Address

Ryeview Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

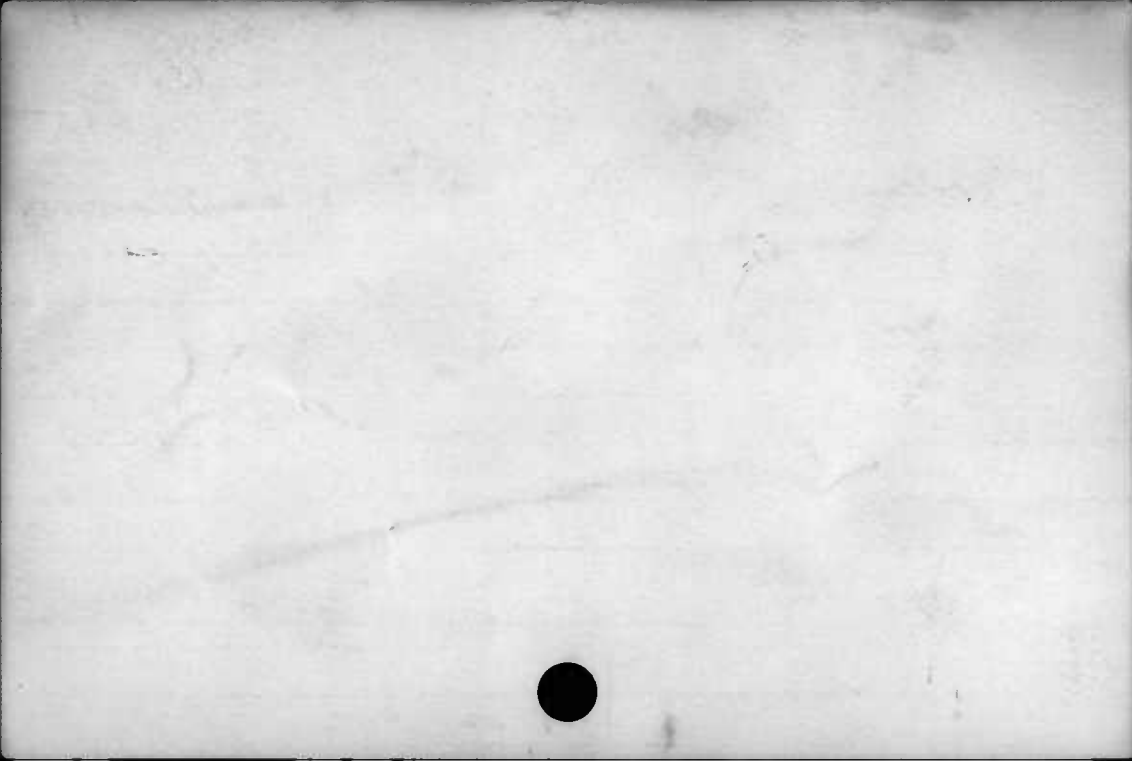
Information contained in this certificate received

from

of



| | | | | | | | | |
|-------------------------------------|--|---------------------|----------------|------------|------------------------|-------------------------|---------------------|-----------|
| Name in Full | | James William Swann | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | | County | | MARYLAND | |
| | Perry | | | | Charles | | | |
| | Date of death | | 1902 | Month | Day | Age | Years | |
| | | | 2 | Sept | 30 | 30 | | |
| | Sex | | Male | | Color or Race | Colored | | |
| | Married, Single or Widowed | | Single | | Occupation | Hotel Worker | | |
| | Name of Wife or Husband | | | | | | | |
| | Father's Name | | Geo. W. Swann | | | | Father's Birthplace | Ind. |
| Mother's Maiden Name | | Ann B. Mason | | | | Mother's Birthplace | Ind. | |
| Name of person giving information | | Chas. A. Swann | | | | How related to deceased | Uncle | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Phthisis Pulm. | | | | How long | Two years |
| | Immediate | | | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | | |
| | Yes | | | | J. W. Mitchell | | | |
| | Accident or Suicide? | | | | Address | | | |
| No | | | | Perry Ind. | | | | |



Name
in
Full

Maggie Thomas

CERTIFICATE OF DEATH

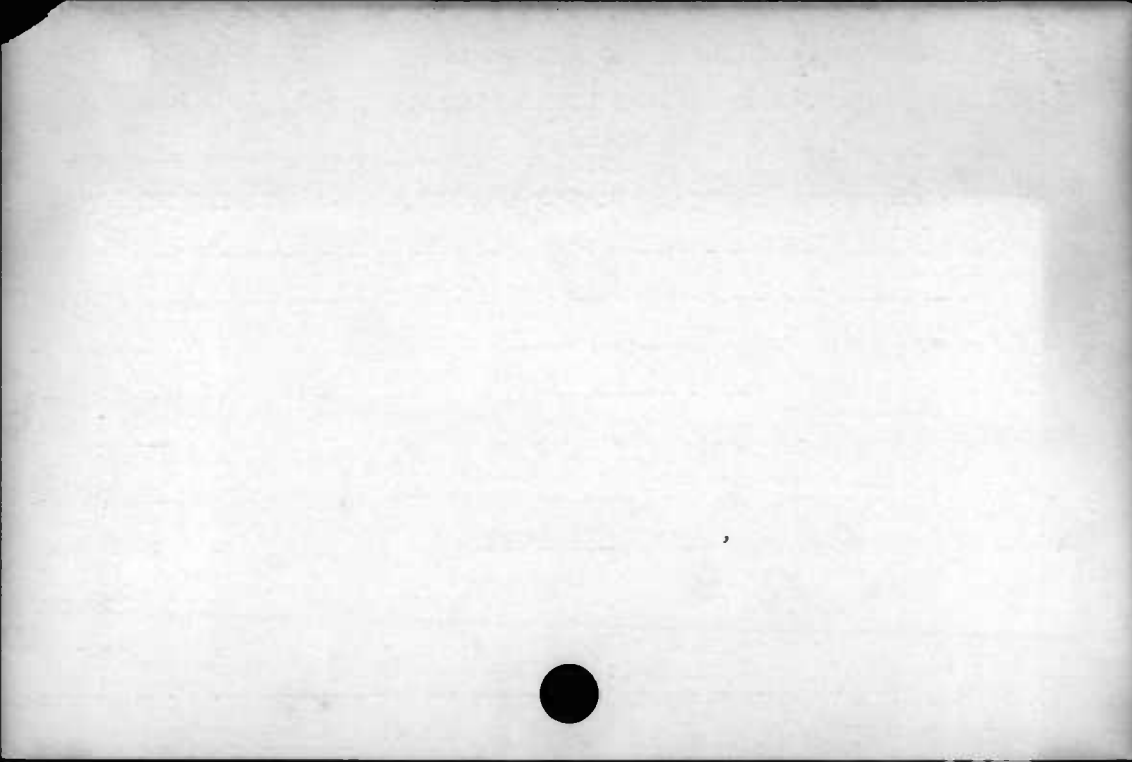
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|------------------------------------|------------------|---|-------------|----------|-----------|
| Died at | | Town <i>Pomunkey</i> | | County <i>Charles</i> | | MARYLAND | |
| Date of death 1902 | | Month <i>Sept-</i> | Day <i>5-</i> | Years Age <i>32</i> | Months — | | Days — |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth- place <i>- Md -</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>House wife</i> | | | | | |
| Name of Wife or Husband <i>John H. Thomas.</i> | | | | | | | |
| Father's Name <i>Henry Barnes</i> | | | | Father's Birthplace <i>- Md -</i> | | | |
| Mother's Maiden Name <i>Not known</i> | | | | Mother's Birthplace | | | |
| Name of person giving in formation <i>John T. Brown</i> | | | | How related to deceased <i>None</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|--|---|
| Primary <i>Phthisis Pulmo.</i> | | How long <i>about 2 years</i> |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>J. W. Mitchell M.D.</i> |
| <i>Yes.</i> | | Address <i>Pomunkey Md.</i> |
| Accident or Suicide? <i>No</i> | | |



Name In Full

Certificate of Death

James A. Thompson

Died at

Town

Pohos Creek

County

Charles C.

MARYLAND

Date 1902

Month

Sep.

Day

7

Y.

78

M.

-

D.

-

Native of

Charles

Occupation

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

6

Husband of

~~Wife~~

Elizabeth Ellen Thompson

Father's Name

Mother's

Maiden Name

Cause of

Primary

Cardiac Hypert. etc.

How long sick

79

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

J. H. Thompson

Address

Red Allen

Must be signed by physician, if any in attendance, or

coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name in Full

Certificate of Death

Edward Watos

Died at *Pommonkey* Town *Char* County MARYLAND

Date *1902* *Sept* *5* Month Day *3* M. *2nd* D. Native of Occupation

☒ Male ☒ White ☒ Married ☒ Widower ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of _____
 Wife _____

Father's Name *John Watos* Mother's Name *Lizzie Watos*

Cause of Death { Primary Immediate *convulsion* } How long sick *2 days*
 { *convulsion* } ~~Accident, Suicide, Homicide~~

Reported by *Susan Marbury*

Address *Pommonkey* *2nd*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Wells

Town

County

Newbury

Chautauk

MARYLAND

Died at

Date 19 62

Month

Day

Y.

M.

D.

Native of

Occupation

Sep 16

Age

3

11

Maryland

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband
of
Wife

Father's

Name

William Wells

Mother's

Maiden Name

Mary J Wells

Cause of

Primary

How long sick

Death

Immediate

Dysentery

14

Accident, Suicide, Homicide

Reported by

William Wells

Harther

Address

Newbury Chautauk Ind

W R Clark

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Joseph Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

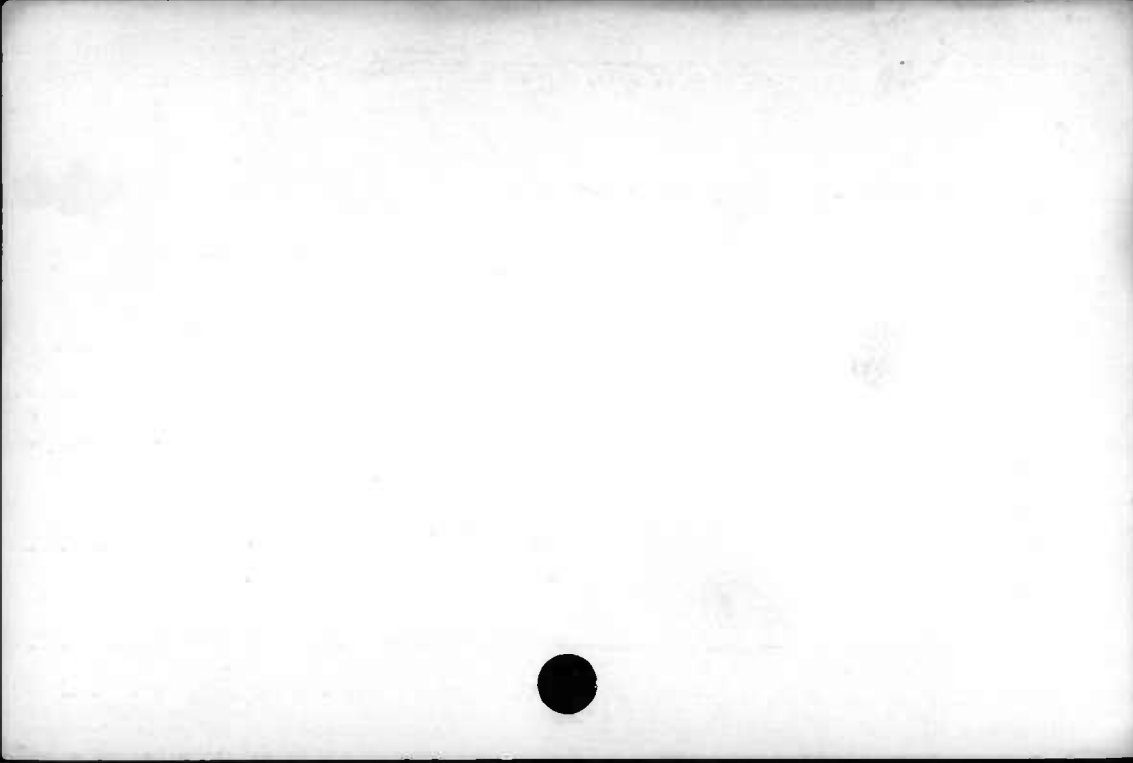
MARYLAND

| | | | | | | | |
|---|----------------|------------------------------|---------------------|---------------------------------------|-----------------|---------------|--|
| Died at | | Town <i>Berry</i> | | County <i>Charles</i> | | | |
| Date of death 1902 | Month <i>9</i> | Day <i>21</i> | Age | Years <i>13</i> | Months <i>4</i> | Days <i>-</i> | |
| Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Berry</i> | | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>-</i> | | | | |
| Name of Wife or Husband <i>-</i> | | | | | | | |
| Father's Name <i>Leonard Washington</i> | | | | Father's Birthplace <i>Charles Co</i> | | | |
| Mother's Maiden Name <i>Julia Ferguson</i> | | | | Mother's Birthplace <i>Charles Co</i> | | | |
| Name of person giving information <i>Leonard Washington</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|--|
| Primary | <i>Strangulation, from being dragged by horse</i> | How long <i>106</i> |
| Immediate | <i>dragged by horse</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Harry Kelley</i> |
| | | Address <i>Persimmon Md.</i> |
| Accident or Suicide? <i>Accident</i> | | |



Name
in
Full

Mary Etta Yates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|------------------------------------|------------------------|-----------------------------------|--|--------------------|------------------|--|
| Died at | | Town <i>Pennock</i> | | County <i>Chesles</i> | | MARYLAND | |
| Date of death 1902 | Month <i>Sept</i> | Day <i>16</i> | Age <i>7</i> | Years | Months <i>✓</i> | Days <i>—</i> | |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth- place <i>- Ind -</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>None</i> | | | | |
| Name of Wife or Husband <i>— — — — —</i> | | | | | | | |
| Father's Name <i>Josh Yates</i> | | | | Father's Birthplace <i>N. C.</i> | | | |
| Mother's Maiden Name <i>Eliza Calvert</i> | | | | Mother's Birthplace <i>- Ind -</i> | | | |
| Name of person giving in formation <i>Mary Calvert</i> | | | | How related to deceased <i>Grandmother</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Kidney Disease</i> | How long <i>170</i> <i>Six Months</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. W. Mitchell</i> |
| <i>Yes</i> | Address <i>Pennock Ind -</i> |
| Accident or Suicide? | |

